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Being hostile towards mentorship is a mistake : Removing the word 'mentoring' from NMC education standards would demoralise mentors who need support

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Opinion/ our view

Support needed for mentorship

Mentorship needs to be supported and revised but not rebranded.

Maggie Bennett, RN, FHEA lecturer, Queen's University Belfast

Brian McGowan, RN, SFHEA lecturer, Ulster University

Reflect for a moment on how you got to where you are today in terms of your professional development. No matter where you have ended up you didn't do it alone. All the people you worked with had an influence on how you practice today and you owe them a debt. Learning from experienced people and those around us is not a new idea and is as true for Nursing and Midwifery as it is for everyone else. The idea of mentorship to oversee the development of the next generation of practitioners is a sound one. That's not to say that it hasn't had its issues.

Our professions decision to make mentorship an additional/optional role, is one of the fundamental issues that needs to be addressed. We need to move to a place where mentorship is recognised and imbedded as an integral component of professional practice from the start. This can be facilitated by introducing it into the undergraduate curriculum so that it is an idea that grows with the practitioner.

At the recent RCN education conference, Professor Jill Macleod Clark was critical of the current mentorship system and took exception to the word "mentoring" being used in revised standards to support learning and assessment in practice. The current standards to support learning and assessment in practice (SLAiP) have been described as overly prescriptive and bureaucratic but we would be ill-advised to discount the critical contribution they have made to enabling registered nurses to be aware of their responsibilities and accountability in relation to the assessment of students in practice. Before the standards, many nurses were unclear about the contribution they could make to assessment, which lead to well documented concerns about nurses' failing to fail with subsequent potential implications for public safety. Importantly, the standards recognised the need for support and education for those staff that carried out this important professional responsibility.

A fundamental review of the current mentorship system is overdue, but changing the terminology does nothing to move us toward 'expert supervision and rigorous assessment' when the underpinning ideas remain undisturbed. Assessment drives learning: everything you do that is linked to education or development is driven by the notion, "am I going to be asked about this?" Knowing this should make it easier for us to decide what needs to be assessed and agree how to assess it. Therefore, mentor's skills in assessment need to be shored up and refined as does our ideas about what assessment is and how it works. Making assessment decisions with all the attending consequences and accountability makes it a very scary prospect. It's no wonder mentors

run for cover; they need to be supported. Not labelled as having failed only to be replaced by a “new breed”, so that we can start the cycle all over again.

This takes us to preceptorship. A supported period of practice following initial registration makes sense. Remember your first post after qualifying? How reassuring was it to have someone you could turn to? An experienced practitioner who had your back? This helps the newly qualified registrant and helps to protect standards. The idea however, that this should be pitched in terms of an internship seems to be fraught with hidden implications, not least in respect to pay and conditions.

In practice, we contend that hostility toward the term ‘mentorship’ only serves to side-step the main underlying challenges in practice learning and workplace cultures and runs the risk of further demoralising hard pressed mentors by undermining the contributions they have made over the years.

We welcome the views of others.